

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Jh.		
O.I.P.E. CLASSIFIER		21	7/14/00
FORMALITY REVIEW	RT	515	8-24-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	11/15/2002
2	✓	✓	11/15/2002
3	✓	✓	11/15/2002
4	✓	✓	11/15/2002
5	✓	✓	11/15/2002
6	✓	✓	11/15/2002
7	✓	✓	11/15/2002
8	✓	✓	11/15/2002
9	✓	✓	11/15/2002
10	✓	✓	11/15/2002
11	✓	✓	11/15/2002
12	✓	✓	11/15/2002
13	✓	✓	11/15/2002
14	✓	✓	11/15/2002
15	✓	✓	11/15/2002
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17	✓	✓	11/15/2002
18	✓	✓	11/15/2002
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20	✓	✓	11/15/2002
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47	✓	✓	11/15/2002
48	✓	✓	11/15/2002
49	✓	✓	11/15/2002
50	✓	✓	11/15/2002

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet her

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